



City of Muskegon Planning Department
933 Terrace St Ste 202, Muskegon, MI 49440
231.724.6702

Please be advised that the "**Land Division Tax Payment Certification Form**" must be signed by the County Treasurer in order for the County Equalization to complete the process. There is a fee that the County Charges for it.

REQUEST TO ASSIGN OR REVISE STREET ADDRESS

Applicant Information

Name: _____ Date: _____

Phone: _____ e-mail: _____

It is the responsibility of the property owner to comply with the requirements set by the US Postal Service, as well as to advise all public utilities (gas, electric, telephone, cable, etc.) of address change(s).

Property Owner Information

Owners Name: _____ Phone: _____

Address: _____

Property/Parcel Information

****Please Attach Map Depicting Property/Parcel Location****

Property Street Name: _____

Nearest Cross Street(s) or Intersection _____

- | | |
|--|---|
| <input type="checkbox"/> Assign New Address | <input type="checkbox"/> Combine Parcel(s) – Revise Address |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Combine Parcel(s) – Assign New Address |
| <input type="checkbox"/> Change Address | <input type="checkbox"/> Split Parcel – Revise Address |
| <input type="checkbox"/> Right of Way Permit | <input type="checkbox"/> Split Parcel – Assign New Addresses |

If a Right of Way Permit has already been issued, please list the permit number: _____

Parcel Number(s)

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

Description of Request: _____

Applicant Signature: _____

Date: _____



City of Muskegon Engineering Department
1350 E. Keating St., Muskegon, MI 49442
231.724.6707

REQUEST TO ASSIGN OR REVISE STREET ADDRESS

City Assessor Parcel Assignment

New/Split Parcel Number(s)

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

Assessor Signature: _____

Date Issued: _____

Central Dispatch Address Assignment

*****Please Attach Assignment Notice*****

New Address(s)

Address: _____

Address: _____

Address: _____

Address: _____

Notes: _____

Director Signature: _____

Date Issued: _____

City of Muskegon Notifications

Address Database Entry

City Treasurer

Notification Letter Postmark Date: _____

SAFEbuilt (Inspections)

City Clerk

US Post Office (Postmaster: L. Tanya R. Leavell)